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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/601,644	12/11/2000	Jean Gariepy	MMC.P-001	7797
57381	7590	05/27/2009		EXAMINER
Larson & Anderson, LLC P.O. BOX 4928 DILLON, CO 80435				WESSENDORF, TERESA D.
			ART UNIT	PAPER NUMBER
				1639
			MAIL DATE	DELIVERY MODE
			05/27/2009	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



**UNITED STATES PATENT AND TRADEMARK OFFICE**

Board of Patent Appeals and Interferences

MARINA LARSON & ASSOCIATES, LLC  
P.O. BOX 4928  
DILLON, CO 80435

Appeal No: 2009-001960  
Appellant: Jean Gariepy, Mark Robert Bray et al.  
Application No: 09/601,644  
Hearing Room: B  
Hearing Docket: A  
Hearing Date: Tuesday, July 21, 2009  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.** This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within **TWENTY-ONE (21) DAYS** from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

**CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED**

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel:

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